Journal of the Pacific Association for the Continental Tradition, Vol. 4, 2021
http://hilo.hawaii.edu/jpact

Reflections on Responses to COVID-19 and a Glance into the Future[1]

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ABSTRACT

This article analyzes responses to COVID-19. It is divided into two parts. The first part reflects upon the ways in which many of us thought and acted in response to COVID-19; the second part focuses on our attention and inattention to suffering, in most cases the suffering of others. More specifically, Part I analyzes: our reactions to, and denial of, the rise and spread of COVID-19; our tendency to bend the rules for ourselves; and the difficulty of representing undramatic, imperceptible choices and actions. Part II argues that attention to the multitudinous sufferings and vulnerability generated by COVID-19 should play a constitutive role in our approach to and understandings of the pandemic. Throughout the article, I make brief comments on how responses to COVID-19 can be instructive for responses to climate change, which is of course not unrelated to the emergence of viruses.

KEYWORDS

COVID-19, Agamben, Adorno, Horkheimer, Categorical Imperative, *The Plague*

[1]An earlier version of the first section "Know Thyself and Not-Thinking" was presented at the PACT meeting on the topic of *Philosophy in the Time of Corona* (29 May 2020). I would like to thank the other presenters and those in attendance for their insights, feedback, and comments.

Introduction

Around the world, COVID-19 led to the implementation of new rules, regulations, and health protocols. These were vigorously appraised, including by philosophers who reflected upon governmental and social policies, or the lack thereof. Early writings frequently discussed the need for contract tracing, simultaneously attending to concerns about the right to privacy with regards to such tracing. Later writings frequently scrutinized policies requiring mandatory mask-wearing or vaccinations, simultaneously deliberating individual freedoms. Scientific information led to vastly divergent pandemic protocols in different (even adjacent) countries, such as Sweden and Norway, and fostered intense discussion about which protocols were preferable and why. Economic and health priorities were sometimes, though not always, seen as conflicting, and COVID-19 policies were debated in this context as well. Of clear interest to philosophers were procedures determining who should receive a ventilator if there was a limited supply, or who should be prioritized for vaccination. In other words, philosophers reflected upon whether COVID-19 policies responded to the pandemic in ways that were ethical and efficacious, and whether such policies balanced individual rights and social responsibility.

Without a doubt, it is imperative that we probe and reflect upon government policies, upon what politicians and health officials did and did not do in response to COVID-19. In this article, however, I would like to consider what we ourselves did and did not do in relation to the pandemic, and how certain attitudes configured our responses. Critical evaluation of the particulars of COVID-19 policies is important indeed, but equally necessary is that we consider the more fundamental ways in which most of us responded: how we initially contended with the rise and spread of COVID-19, how we reacted to restrictions, and how our responses might be linked to their capacity for representation. Also of capital import are the orientations underlying our approaches to the pandemic; it is vital that we reflect upon the attitudes that forged our individual and collective responses, especially what we paid attention to and what we ignored. Moreover, both our responses to COVID-19 and what we took into consideration are relevant beyond this pandemic; both are salient to the emergence of future contagious viruses and the pressing problem of climate change.

Part I of this article begins by discussing denial, a key factor in the spread of COVID-19; this short section emphasizes the importance of our being aware of our tendency to "not think" as well as to think. Next follows an examination of the propensity to bend rules and make exceptions for oneself, pointing out the difficulty we have following Kant's Categorical Imperative even when we support COVID-19 restrictions. The article then turns to Camus's *The Plague*, and its presentation of "quiet heroism," arguing for the importance of developing a way to represent "not-doing" or "imperceptible heroism." Part II of this article addresses suffering. This central concern of the early Frankfurt school was not sufficiently emphasized by a philosopher such as Giorgio Agamben in his response to COVID-19, and we ignore it at our peril. Given the amount of suffering COVID-19 spawned—although like any calamity, not for everyone—it is striking that suffering did not play a more central role in how we thought about and responded to COVID-19. Furthermore, with the entire world population vulnerable to COVID-19, vulnerability is also something we need to think about. How we attend to suffering and how we understand vulnerability shapes the society that emerges from a pandemic. While this global pandemic did not inaugurate the revolutionary change for which some had hoped, the various ways in which so many of us responded can nonetheless provide us with significant insights for making change in the future—hopefully also in relation to the inextricable problem of climate change.

I. Denial, Inclination, and Imperceptible Heroism

Know Thyself and Not-Thinking.

Indubitably, denial was a decisive factor in the initial spread of COVID-19 and, in many cases, in subsequent waves. Socrates insists that "the unexamined life is not worth living,"[2] and it is exceedingly important that we examine our denial. Given the ludicrous dismissals of COVID-19 by certain populist politicians, news outlets, and websites, it is all too easy to overlook our own denial. When the pandemic emerged in China and then exploded in northern Italy, it exasperated me that so many people in North America somehow thought: "it can't happen here." I found it infuriating that government leaders, and even health officials, were in denial about the reach and the rapidity with which this virus could spread asymptomatically. But it somehow did not occur to me that care homes in the country where I live would be devastated, even though there had already been horrific reports about care homes in other countries, especially Spain where residents were simply abandoned. I was also in a kind of denial.

For almost all of us, there was an aspect of the pandemic that took us by surprise. If we think about this, we are likely to realize that this surprise was the direct result of denial of some sort. Denial is different from Freudian repression. It involves something we have thought about, rather than something that was pushed down into our unconscious before we could even grapple with it. Denial involves a thought that may have crossed our minds, but which we neglected. It entails something we chose not to think about, or not to think about long enough or hard enough. This is a crucial understanding the pandemic can teach us: that we are all in denial about certain things.

Philosophers like to think about things—in different ways, and with different approaches. We think about manifold aspects of the world, about relationships between things, between humans and things, between humans and non-human animals, and, of course, we think about what it means to be human. It is also important, however, to consider exactly how we think and, as a result, how we sometimes do *not* think, or do not think about certain things or do not think in certain ways. What COVID-19 can teach us philosophically is, I am suggesting, that it is important that we reflect upon—that we try to pay heed to—what it is we might sometimes not be thinking about. This is obviously a difficult and unending task, but an exceedingly important one. Since COVID-19 in some way took almost all of us by surprise, including those of us who work on philosophy, our surprise provides a general lesson about the importance of trying to think about what we are not thinking about. As well as asserting that "the unexamined life is not worth living," Socrates encourages one to "know thyself." Knowing oneself involves reflecting upon the forms one's own denial is likely to take. In my case, denial about COVID-19 devastating long term care homes was probably related to a wish to have confidence in Canada's care system and not face up to its weaknesses. It is important, I would argue, that we seek to know ourselves by reflecting upon the ways in which denial might manifest itself.

Moreover, denial regarding COVID-19 can teach us something significant about climate change. It is crucial that we think about whether, as individuals or as a group, there might be facets of climate change we are denying. We need to ask ourselves whether there are aspects of the changes that are ravaging the planet, or indications of the speed with which transformations

[2] Plato, "The Apology" in *The Trial and Death of Socrates.* Third Edition, Trans. G.M.A. Grube, Rev. John M. Cooper. (Indianapolis: Hackett, 2000), 38a, p. 39.

are occurring, that we are *not* thinking about. The fact that there are actual climate change deniers should not distract us from considering what we ourselves might be denying, might *not* be thinking about in relation to climate change. Instead of adamantly insisting on the baleful effects of climate change, we should do everything we can to avoid being taken by surprise in relation to unexpected climate developments. In other words, we should try to think about what we might *not* be thinking about in relation to climate change.

Bending the rules

Even when we are attuned to the serious and abundant dangers of the spread of COVID-19, we might still be in denial about the possibility that *we* ourselves will contract the virus and that we might thus transmit it to someone else. Indeed, numerous persons who agreed with the COVID-19 related rules, even espoused these very rules, did not always follow them. Many people who accepted restrictions and lockdowns, who considered them necessary and justified, did not themselves adhere to the strictures. Politicians, university presidents, and even medical officers violated the rules they had put into place, sometimes even put into law. Contrary to their own stipulations, they engaged in non-essential travel or attended gatherings they had proscribed. In almost every country, it seems, there was a well-known person who broke the rules not because they objected to these rules (quite a different issue, which I discuss in Part II), but because they thought that they were somehow excepted from the restrictions they backed.[3] Of course, it is not unusual for powerful or renowned people to believe that they have a kind of diplomatic immunity, and that their power or position puts them above the law, indeed exempts them from it. Such violations by "leaders" infuriated many people, especially those whose own

[3] In Scotland, the chief medical officer was forced to resign after visiting her second home twice, despite her own insistence that people avoid all non-essential travel. See Severin Carrell, "Scotland's chief medical officer quits over second home row," *The Guardian* (Sun 5 Apr 2020) [https://www.theguardian.com/uk-news/2020/apr/05/scotland-chief-medical-officer-seen-flouting-lockdown-advice-catherine-calderwood], accessed 15 April 2020. In the U.K., the travels during lockdown of Dominic Cummings, Prime Minister Boris Johnson's chief advisor, led to protracted furor, including the resignation of a cardiologist who had been drafted into a COVID-19 intensive care unit. See Alex Moshakis, "'It was an act of principle': The Covid doctor who quit over Cummings," *The Guardian* (Sun 23 Aug 2020) [https://www.theguardian.com/politics/2020/aug/23/it-was-an-act-of-principle-the-covid-doctor-who-quit-over-cummings], accessed 24 Aug 2020. In mid-August, the Chair of Ireland's tourism authority had to resign after going on holiday to Italy in the midst of his own "no place like home" campaign. See Aaron Walawalkar,"Irish tourism chair resigns after ignoring coronavirus travel advice," *The Guardian* (Sat 15 Aug 2020) [https://www.theguardian.com/world/2020/aug/15/irish-tourism-chair-resigns-michael-cawley-coronavirus-travel-advice], accessed 16 August 2020. In October, the president of Notre Dame university became ill with COVID-19 after he flew to Washington where he attended a White House ceremony and chose not to wear a mask. His trip violated the university's policy on essential travel, and contravened both his own demand for physical distancing and his mask mandate. See Kathleen Gray and Shawn Hubler, "Notre Dame's President faces an Angry Campus After Getting the Coronavirus," *New York Times* (Oct. 7, 2020) [https://www.nytimes.com/2020/10/07/us/notre-dame-president-COVID.html] accessed 7 Oct 2020. In late October, the Czech Republic acquired its third health minister in six weeks after the presiding health minister was photographed leaving a restaurant that—given his own COVID-19 restrictions—should not have been open in the first place. See "Coronavirus: Czech Republic has its third health minister in just six weeks," *Euronews*, (29/10/2020) [https://www.euronews.com/2020/10/29/coronavirus-czech-republic-has-its-third-health-minister-in-just-six-weeks.], accessed 30 Oct 2020. In mid-December Dr. Deborah Birx, a White House virus expert said she would stand down because it had emerged that she had travelled to a vacation home to host a Thanksgiving get-together with three generations of her family from two households after having urged Americans to restrict Thanksgiving celebrations to their immediate household. See "Dr Deborah Birx : White House virus expert quits over holiday travel," *BBC News* (23 December 2020) [https://www.bbc.com/news/world-us-canada-55419954], accessed 23 Dec 2020.

compliance with the restrictions entailed serious distress, for example in not being able to visit someone in hospital or not attending a funeral.

But while well-known people are the ones reported in the media, they are hardly the only ones who violated the very rules they seemed to support. Many ordinary persons engaged in non-essential travel, attended gatherings, or disregarded other restrictions even as they advocated the rules. Persons who realized that one should isolate oneself for two weeks if returning from another country, indeed would have censured anyone who did not do so, nevertheless went for walks or even for groceries during this two-week period. I believe we have all contravened the rules in some way, even if not egregiously. Although I should have been more alert, a number of times I forgot to keep my distance from others. And when I took out my mask once before entering a store, I realized that the strap was broken; it seemed inconvenient to return home for another mask, however, so I simply held the mask in place with one hand, rationalizing that I was just popping into the store for a couple of things. At some point, I think most of us infringed upon the rules, excusing our actions in one way or another.

It is in such contexts that Immanuel Kant's Categorical Imperative is relevant. For Kant's Categorical Imperative is designed to prevent exactly this: our tendency to make exceptions for ourselves and our behavior. Kant states: "*Act only in accordance with that maxim through which you can at the same time will that it become a universal law*."[4] In other words, we should not engage in any action unless we can envision a world in which everyone did the same. The example frequently used is that of lying: if everyone lied, no one would believe what anyone else said, and the world would be chaotic. Moreover, whatever goal we sought to achieve by lying would be unachievable, for if lying were universalized, it would become practically ineffective since hardly anyone would believe what anyone else said. According to Kant, we can use our reason to determine whether a particular action is universalizable, and therefore moral.

In fact, COVID-19 restrictions are an abundantly clear demonstration of how Kant's Categorical Imperative *should* operate. If we conceive of a world in which we ignore COVID-19 restrictions by engaging in non-essential travel, for example, we quickly realize that this would be a world in disarray. The goal we hoped to achieve—easily taking a trip somewhere—would not be achievable. If everyone engaged in non-essential travel, COVID-19 would spread rapidly, airlines would shut down or at least certain flights would be cancelled, and many grocery stores and gas stations would close because people were ill. Most consequential, roads would be clogged with vehicles transporting the ill to test centers, clinics, or hospitals. Following Kant, our ratiocination informs us that engaging in non-essential travel is immoral. While our tendency may be to follow our inclinations, the Categorical Imperative insists that we rationally reflect upon whether these actions are universalizable.

What is worth noting is, in my view, that when we break the COVID-19 rules, we usually consider ourselves only to have bent them. We often deny that we are putting anyone in danger; we tell ourselves that we are taking precautions, or we think about all the precautions that we have been taking, or generally take, to support public health. But the strength of Kant's Categorical Imperative is that it does not allow for such qualifications or excuses. Kant's Categorical Imperative is, unambiguously, categorical. Built into the imperative is the command that we do *not* make an exception for ourselves and our situation. The Categorical Imperative is designed to make reason unconditionally prevail over rationalization.

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[4] Immanuel Kant, *Groundwork for the Metaphysics of Morals*, Ed. and trans. Allen W. Wood, Contributors J.B. Schneewind, Marcia Baron, Shelly Kagan, Allen W. Wood (New Haven: Yale UP, 2002), p. 37.

Where Kant's Categorical Imperative gets tricky is in extreme situations; for example, in a case where lying to a potential murderer about someone's whereabouts would save that person's life. In relation to COVID-19, one can easily conceive of extenuating circumstances that would lead one to contemplate disobeying restrictions: for example, bringing food to an elderly person who has sprained their ankle and is unable to look after themselves; or the more ambiguous situation of travelling to visit someone because there is a slight possibility they might be suicidal. For the vast part, however, our rule-breaking did not involve extenuating circumstances. We disregarded the injunctions because we were in a hurry, or because they were inconvenient, or because changing our plans seemed complicated, and so on. We simply wanted to do certain things, or wanted to do them a certain way, and we followed our inclinations instead of rationally reflecting upon whether our actions were universalizable. While hypothetical quandaries and the actual real-life dilemmas a few people experienced are instructive for thought, it is our everyday rule breaking or "rule-bending" that I believe we most need to think about more.

Ultimately, Kant's moral theory is based on a notion of duty. Kant argues that we are obliged to act on what reason reveals is our duty, irrespective of the benefits to others or, especially, to ourselves. It is our duty to vanquish—to *resist* rather than rationalize—our inclinations, to act in ways that are universalizable, above all *not* to act in any way that is not universalizable. Today, notions of duty and obligation seem somewhat old-fashioned, but Kant's Categorical Imperative indicates an exceedingly important—not to be ignored—human tendency: our inclination to treat ourselves as exceptions. Kant's moral theory underlines our penchant for granting ourselves dispensations from restrictions, *even restrictions we consider judicious and necessary*.

Over and over again during COVID-19, including during the most perilous periods, when numbers were the highest, we behaved as if we were exceptions. Are we simply selfish? Or inflexible? Or selfishly inflexible? Do we have an irrepressible desire to continue to do what we have always done no matter what? To what extent does the individualism fostered by neo-liberalism encourage such behavior? Most important, how do we contend with this phenomenon, this attitude that it is okay to bend the rules even as we might be fulminating against those who break them? This pandemic is unlikely to be our last. It seems exceedingly important, therefore, that we reflect upon why we are so ready to convince ourselves that our situation somehow exempts us from restrictions we approve.

COVID-19 revealed that even when we advocated health rules and restrictions, even strongly advocated them, we were ready to waive them for ourselves in certain situations. This is and will be an increasing concern in relation to climate change. Indeed, if we have trouble not bending the rules and not making exceptions for ourselves, not doing what we want during a pandemic that involves a *highly contagious* virus that can be asymptomatic for up to fourteen days and spread *exponentially*, how are we going to resist our inclinations in relation to climate change? Even if we advocate rules and regulations designed to reduce climate change, are many of us going to regard ourselves as exceptions to these rules, granting ourselves "diplomatic immunity"? Are we blithely going to break the rules, convincing ourselves that we are only bending them? Now would seem a good time for us to start thinking about this.

Imperceptible Heroism

While Kant's Categorical Imperative highlights our tendency to follow our inclinations and rationalize doing what we want to do, Albert Camus's *The Plague* can be shown to indicate

the difficulty of refraining from doing, the difficulty of "not doing" during a pandemic. The novel depicts those who choose to fight an outbreak of the bubonic plague. Dr. Rieux, the protagonist, remains in the quarantined city, attending to the infected and awaiting a serum even though his wife is lying ill in a sanatorium outside the city. Another character, Tarrou, organizes volunteers to constitute sanitation teams, which many characters willingly join. Rambert, a journalist visiting the city, initially tries to escape to be with his lover in Paris but then relinquishes his desire for personal happiness and joins the volunteers. Critics frequently refer to the "quiet heroism" of Camus's characters who, without fanfare, decide to battle the epidemic out of human solidarity. Not all of them survive. Tarrou dies at the end of the novel just before the plague is quelled; and although Rieux survives, his wife dies in the sanitorium before he is able to see her again. These characters can be compared to the health professionals during COVID-19 who continued to work to save lives and to care for patients despite the risks they incurred. As we know, many of them did not even have adequate PPE (personal protective equipment) to protect themselves and do their jobs properly.

But while health professionals were called to *do* something in response to COVID-19, what most people were asked to do was simply to stay at home. In *The Plague*, Rieux and Rambert "stay" insofar as they do not flee the city to join a wife or lover, but instead choose to remain and combat the plague. Nevertheless, they and the other characters who join the health teams *do* something. Their work is demanding and exhausting—and above all else, it is risky—but doing nothing—while obviously not risky—can also be difficult. When there is a crisis, most of us want to act. This is what *The Plague* demonstrates in relation to Rieux's actions and to the formation of the sanitation teams and actions of the members.

It is tough to refrain from doing. "Not doing" can seem like doing nothing. During the early period of COVID-19, many people offered to do things like shop for other people; others formed support groups, and many people organized online assistance for those having difficulties under lockdown. But the distinct and striking characteristic of COVID-19 is that we can fight its spread by *not* doing things. Many people saved lives by staying home even though they very much wanted to go out and do something or be with others. Given the often-asymptomatic nature of COVID-19, and the infectiousness of variants, people may even have saved lives simply by *not* returning to a store when they forgot something they considered important. Certainly, persons who ardently wished to get together with friends or to attend gatherings, but who stayed home can be considered heroes in a certain sense. This is especially the case for individuals living alone who did not have people visit, for elderly people uncomfortable with communicating through technology who did not gather with others, and for young people living in their parent's home who resisted meeting up with friends. I would designate such quiescence as "imperceptible heroism": imperceptible because it is not something that can be seen, and heroism because it is not easy to stay home.

What is perhaps most noteworthy in this context is that the decisions and actions of such individuals cannot so easily be depicted. Whereas Camus can write a lengthy novel about the quiet heroism or quiet virtue of those actively battling a plague, it is much more difficult to conceive of a dramatic story about people who resist their yearning to go out, who relinquish attending an important gathering, who suppress their desire to travel somewhere, or who withstand their desire to visit friends or loved ones: people who stay put despite their ardent wish not to do so. Such choices do not readily lend themselves to narrative representation. This does not mean that representing them is impossible, but rather that our models for heroic action generally involve evident action. Heroic *in*activity is seldom portrayed. But we need to think

about how we can create such alternative depictions or narratives. It is possible that a factor in the difficulty we had staying home or isolating ourselves may even be the dearth of such renderings.[5] Since this pandemic is unlikely to be our last, we need to find a way to represent the choices and quiescent actions—and they are actions—of persons who refrain from doing. In the context of a highly contagious global virus, restraining and suppressing our social impulses and personal desires can be heroic. It is crucial, therefore, that we find a way to represent what I am here referring to as "imperceptible heroism."

Indubitably, there is a connection with climate change in this regard as well. We must act against climate change, of course, but some of our actions, some choices we make, will necessarily involve *not* doing certain things. And this is likely increasingly to become the case. As we struggle against climate change, part of the battle involves not-doing. It involves restraint and resistance to our social and individual wants. COVID-19 illustrates the importance of finding a way to represent this quiescence as heroic or at least laudable, even if imperceptible.

II. Suffering

Agamben and the early Frankfurt School

In the previous part, I considered what COVID-19 can teach us about our propensity to deny or not think about uncomfortable threats, our inclination to bend rules and regard ourselves as exceptions, and our tendency to regard "not doing" as doing nothing. Throughout that discussion, I treated the importance and efficacy of following COVID-19 restrictions as intuitively right. Here, I begin by discussing disapprobation of lockdown rules, notably that of Giorgio Agamben, the philosopher who explicitly and vehemently opposed lockdown and restrictions.

In late February 2020, Agamben wrote a short statement titled "The Invention of an Epidemic," objecting that unwarranted emergency measures had been imposed in Italy. In Agamben's view, the response to SARS-CoV2 was "disproportionate"; he adamantly protested the restrictions on movement and the suspensions of daily life. In his view, government lockdown entailed "serious limitations of freedom" involving recourse to a "state of exception."[6] Agamben concluded his statement with the allegation that "in a perverse vicious circle, the limitations of freedom imposed by governments are accepted in the name of a desire for safety

[5] A clever German public service message encouraging people to stay home during the second wave uses humor to present staying home as heroic. It portrays an elderly man describing the winter of 2020 in the manner of a former soldier relating his war experiences. The speaker refers to the fate of the country as having been in the hands of his generation, relating how they mustered their courage and did what was demanded of them, "the right thing to do [*das einzig Richtige*]: absolutely nothing." He explains how the couch was their front and patience their weapon, concluding: "That's how we became heroes, back then, in the Corona winter of 2020." The video is followed by a government message that reads: "Be a hero too: stay home [*Werde auch du zum Helden und bleib zuhause*]." I would like to thank Chris Lauer for drawing this video to my attention. The video evoked much praise, but also some criticism in Germany, the former for its clever humor, the latter for the war discourse, for the parallels drawn with the second world war despite its horrific events, and for detracting from health care workers as the actual heroes. [https://www.youtube.com/watch?v=FS1DDn2eklU], accessed 26 May 2021. The video was widely viewed and a second, follow-up video was produced, narrated by the elderly man's partner, who looks back and says: "Exceptional times need exceptional heroes." [https://www.youtube.com/watch?v=5ATz4FOUzvI], accessed 27 May 2021.

[6] Giorgio Agamben, "The Invention of an Epidemic," (26/02/2020) in "Coronavirus and philosophers: M. Foucault, G. Agamben, S. Benvenuto," *European Journal of Psychoanalysis* [https://www.journal-psychoanalysis.eu/coronavirus-and-philosophers/], accessed 12 April 2020. Hereafter referenced parenthetically in the text.

that was created by the same governments that are now intervening to satisfy it" (ibid.). Not least because Agamben declared the virus "not too different from the normal flus that affect us," swift and wide-spread condemnation of his position ensued, including from other philosophers.[7] Moreover, the subtitle of an article in the *Chronicle of Higher Education*, titled "Giorgio Agamben's Coronavirus Cluelessness," refers to Agamben's paranoia.[8]

While I think Agamben was wholly mistaken to oppose lockdown, his underlying concern that states of exception become a "normal paradigm for government" (ibid.), a default that can readily be initiated, should be taken seriously. Governments frequently use threats to their country and the claim to be protecting citizens as a justification for curtailing freedoms, indeed often as a way of stifling opposition to their policies, including ones not related to the threat. The claim to "keep us safe" is employed by both democratic and authoritarian governments to justify increased surveillance and social control. Foucault has demonstrated how biopower infiltrates populations, inscribes individuals into social norms, and helps construct and constitute subjectivity. Therefore, even if we disagreed with Agamben and insistently supported COVID-19 related restrictions, we should not forget the potential of governmental reach to become Orwellian and autocratic, and the tendency of rules and practices to extend beyond their purview.

In "Biomedical Apparatuses or Conviviality?," published in March 2020, Greg Bird writes that after his initial fury at Agamben's remarks, he came to see some value in Agamben's intervention, noting that "biomedical apparatuses," are "starting to dominate our governing structures and penetrate our lives in *unprecedented* ways" (emphasis in the original).[9] We are construed and entrapped as pandemic subjects, and we end up feeding and empowering the apparatuses. Social organization, including how we understand others and ourselves, is increasingly imposed upon us from above by biomedical and governmental powers. As a result, Bird asserts, "there will be consequences in the future if we cannot find a way to make use of [the apparatus] while maintaining a critical distance from its controlling discourses and invasive operations" (ibid.). A *critical distance* to COVID-19 restrictions and their discourses was not what Agamben demanded, however; he unconditionally opposed them. Rather than here entering into a discussion of whether, how, or exactly how much critical distance we should maintain from structuring biomedical apparatuses during a pandemic, I would instead like to turn to something I think Agamben almost completely ignores. In my view, his and similar responses to COVID-19 evince a disturbing lack of attention to suffering.

In mid-March 2020, Agamben followed up his February statement with "Clarifications," wherein he stated that the issue is not the gravity of COVID-19, but the "ethical and political

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[7] In "Viral Exception," written at the inception of the pandemic, Jean-Luc Nancy responds to Agamben by pointing out that we have a vaccine for the flu even if it must be re-adapted to viral mutations each year and that the levels of mortality for coronavirus are far higher. "On pandemics. Nancy, Dwivedi, Mohan, Esposito, Nancy, Ronchi," *European Journal of Psychoanalysis* (27 February 2020) [https://www.journal-psychoanalysis.eu/on-pandemics-nancy-esposito-nancy/], accessed 16 May 2021.

[8] Anastasia Berg, "Giorgio Agamben's Coronavirus Cluelessness: The Italian philosopher's interventions are symptomatic of theory's collapse into paranoia," *The Chronicle of Higher Education* (March 23, 2020) [https://www.chronicle.com/article/giorgio-agambens-coronavirus-cluelessness/], accessed 12 April 2020. Nancy mentions that thirty years earlier, when doctors decided he needed a heart transplant, Agamben advised him not to listen to them (ibid.).

[9] Greg Bird, "Biomedical Apparatuses or Conviviality?," *TOPIA: Canadian Journal of Cultural Studies—COVID-19 ESSAYS* (Sunday, March 22, 2020) [https://www.utpjournals.press/journals/topia/COVID-19-essays/biomedical-apparatuses-or-conviviality?=], accessed 16 April 2020.

consequences of the epidemic."[10] Invoking a concept central to his writings, Agamben rails against the fact that in Italy under the pandemic, "society no longer believes in anything but bare life" (ibid.). He is concerned with what he sees as a society that has "no value other than survival" and for its sake is willing "to sacrifice practically everything—the normal conditions of life, social relationships, work, even friendships, affections, and religious and political convictions—to the danger of getting sick" (ibid.). In a subsequent posting in mid-April 2020, Agamben asks how we could "have accepted, solely in the name of a *risk* that it was not possible to specify, that persons who are dear to us and human beings in general should not only die alone" (italics in the original) but "that their cadavers should be burned without a funeral."[11] The latter, he writes, is something "that had never happened before in history, from Antigone to today" (ibid.). A year later, in April 2021, Agamben reiterates his objection that people "must die alone and without funerals."[12] Above all, he seems disturbed by the fact that we have relinquished customs, such as funerals, that are interwoven with, or should be interwoven with, our social and cultural values. The suffering of both the dying and those around them seem almost to be of secondary concern.

Early Frankfurt school philosophers consider human suffering an impetus for critical thinking. Suffering is a recurrent and persistent theme in Max Horkheimer's *Dawn and Decline*, a collection of aphorisms covering almost a quarter of a century. At one point, Horkheimer writes: "there is no higher appeal than that to the solidarity with the suffering which must be abolished."[13] In "Materialism and Metaphysics," a central theme is the need to abolish or at least reduce the unnecessary suffering impeding even minimal happiness. Hauke Brunkhorst, in "Dialectical Positivism of Happiness: Max Horkheimer's Materialist Deconstruction of Philosophy," writes that "Humanity's universal longing for happiness and fulfillment is something ultimate for critical theory,"[14] referring to Horkheimer's constitutive philosophical idea as "the solidarity of all suffering beings and the worldly happiness of all individuals" (ibid., 91). In *Negative Dialectics*, Theodor Adorno states that the "need to lend a voice to suffering is a condition of all truth. For suffering is objectivity that weighs upon the subject. . ."[15] COVID-19 suffering is an objectivity that in diverse ways weighs upon subjects, I would argue; and we have not yet adequately lent this suffering a voice.

COVID-19 Suffering

In relation to COVID-19, the forms of suffering that need to be articulated are the suffering of those who died of COVID-19, those close to them, and the suffering of the health care workers who treated affected individuals. This is the suffering to which I think Agamben should have paid attention, especially since he was in northern Italy close to where, in the

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[10] Giorgio Agamben, "Clarifications." Trans. Adam Kotsko. *An und für sich* (Tuesday, March 17, 2020). [https://itself.blog/2020/03/17/giorgio-agamben-clarifications/?fbclid=IwAR3y8hIOkUIFgxfITZ4qVxNmhLyHfa2y7QE2rm7dJOLNPpWVNkEjrfFiMr4], accessed 16 April 2020.

[11] An und für sich. "Georgio Agamben: A Question." Trans. Adam Kotsko. *An und für sich* (Wednesday, April 15, 2020) [https://itself.blog/2020/04/15/giorgio-agamben-a-question/], accessed 16 April 2020.

[12] Giorgio Agamben, "The face and death" (May 3 2021; text published in the *Neue Züricher Zeitung*, 30 April 2021) [https://www.quodlibet.it/giorgio-agamben-il-volto-e-la-morte], accessed May 7, 2021.

[13] Max Horkheimer, *Dawn and Decline: Notes 1926-31 & 1950-1969* (New York: Seabury, 1978), p. 153.

[14] Hauke Brunkhorst, "Dialectical Positivism of Happiness: Horkheimer's Materialist Deconstruction of Philosophy" in *On Max Horkheimer*, eds. Seyla Benhabibi, Wolfgang Bonß, and John McCole (Cambridge: MIT Press, 1993), p. 87.

[15] Theodor Adorno, *Negative Dialectics*, trans. E. B. Ashton (New York: Continuum, 1973), p. 17-18.

Western world, the first dramatic outbreak of the novel coronavirus occurred. Dying of COVID-19 can be horrible. Doctors describe patients gasping for breath and have said that watching someone die of COVID-19 is like watching someone drown in air.[16] One doctor who herself contracted COVID-19 said she felt like she was drowning in her own lungs.[17]

Presumably, dying of COVID-19 is even worse if one is in a hospital corridor due to a lack of beds, with hospital staff rushing around trying to cope with a crushing influx of patients. At the end of December 2020, during the second wave of COVID-19 in Los Angeles county, some medical centers treated patients "in lobbies, waiting rooms, gift shops and makeshift tents."[18] Inundated hospitals not only had difficulty keeping some COVID-19 patients alive, but they had difficulty providing care, including physical and emotional comfort to the dying. Of course, Agamben might contest whether COVID-19 patients should have sought medical assistance in hospitals, especially since the infectiousness of the disease often led hospitals to bar family members from visiting ill persons, even when they were dying. But those ill with COVID-19 who stayed at home or remained in a care facility also risked suffering terribly while dying of COVID-19 asphyxiation. One nurse in Sweden recounts her experience with people in care homes who were generally precluded from being sent to hospitals: "[t]hey suffocate to death. And it's a lot of panic and it's very hard to just stand by and watch."[19] Not everyone with COVID-19 dies, of course, and some persons have only minor or even very minor symptoms. Even some who survive, however, survive a horrific experience. During the third wave in Canada, in May 2021 when treatment had supposedly improved, a dance teacher who contracted COVID-19 was able to avoid having to go into the ICU unit and requiring a ventilator, but described feeling like she "had been buried alive."[20] Moreover, a fair number of people who recover from COVID-19, develop "long COVID" and continue to experience painful and debilitating symptoms for months afterwards.[21] It seems to me, therefore, that discussions around how to respond to COVID-19 should not only have been concerned with the number or percentage of ill or dying people, but also with what these individuals were going through.

In his first February posting, Agamben writes that the estimate is that only 4% of COVID-19 patients require intensive therapy. This is still a large number of people, a number that evidently increased as the virus spread; more important, intensive therapy can be harrowing, if not excruciating, as well as unsuccessful. In his October 30th, 2020, posting, titled "Some data," Agamben points out that the mortality rate for COVID-19 is only 0.6%. At the date of his writing, he states, 38,127 people in Italy had died of COVID-19—or at least died after testing

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[16] Dr. Raiyan Chowdhury, "Point of view: A first-hand account from an Alberta ICU during Christmas," *CBC News* (Dec 25, 2020) [https://www.cbc.ca/news/canada/edmonton/alberta-icu-hospital-COVID-19-coronavirus-doctor-1.5854321], accessed 27 Dec 2020.

[17] Jason Lemon, "Intensive Care Doctor diagnosed with Coronavirus Says It Felt Like 'Downing in My Lungs,' Made Video to Say Goodbye to Family," *Newsweek* (April 6, 2020) [https://www.newsweek.com/intensive-care-doctor-diagnosed-coronavirus-says-it-felt-like-drowning-my-lungs-made-video-1496339.], accessed, 10 June 2020.

[18] Sam Levin and Maanvi Singh, "Outrage over planned New Year's Eve gatherings as Los Angeles faces crush of Covid cases," *The Guardian* (Mon 28 Dec 2020) [https://www.theguardian.com/us-news/2020/dec/28/los-angeles-coronavirus-new-years-eve-events], accessed Dec 29, 2020.

[19] Maddy Savage, "Coronavirus: What's going wrong in Sweden's care homes?," *BBC News* (19 May 2020). [https://www.bbc.com/news/world-europe-52704836], accessed 30 May 2020.

[20] Zahra Premi, "'It felt like I had been buried alive': Langley woman recounts her battle with COVID-19." *CBC News*, May 7, 2021. [https://www.cbc.ca/news/canada/british-columbia/COVID19-bc-langley-hypoxia-survivor-1.6017323], accessed May 7, 2021.

[21] The *novel* Coronavirus, although a version of SARS, which was also a Coronavirus, is sufficiently novel that we do not yet know enough about its long-term damage or effects.

positive regardless of the actual cause of death. This number is, Agamben asserts, significantly less than the number of people who died of respiratory diseases a few years earlier, and less than one-sixth the number of people who died of cardiovascular diseases.[22] Clearly, Agamben believes that COVID-19 restrictions, and especially lockdown, were an overreaction. But even if 38,127 deaths is a *relatively* small number, it is not insignificant, especially when one thinks about the suffering involved.

Furthermore, the data to which we should also attend are the statistics that quickly showed that COVID-19 disproportionately affects Black, Indigenous, and economically poor people in most Western countries,[23] and the information indicating disproportionate access to resources for fighting the pandemic in the Majority World. In other words, COVID-19 increases the suffering among people whom inequality and injustice already makes suffer. In "Racist Democracies," the philosopher Tommy J. Curry argues that racism "is not an accidental feature of Western societies";[24] rather, there is an ongoing attempt to eradicate Black people, to reduce their number and enforce the racist belief in white supremacy, simply put, to make "the ideological belief of racial inferiority an actual material reality" (ibid., 43). Since COVID-19 can cause severe pain and long-term after-effects in persons who do survive, as well as possibly leading to an agonizing death, not only do Black and Brown people—and in certain countries especially Indigenous people—die disproportionately, they also suffer disproportionately. Moreover, I would argue that their suffering is linked to a deeply rooted ideological belief that they are not wholly undeserving of suffering, and that such suffering somehow follows the order of things: that white people, especially middle and upper-class white people deserve a better life and should suffer less, even under a pandemic that allegedly "affects us all." Not only is it clear that we are not all in the same boat,[25] but we seem prepared to accept the fact that some people are installed in a small, leaky, overcrowded one—as many of us look on.

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[22] Giorgio Agamben, "Some data," (30 October 2020) [https://www.quodlibet.it/giorgio-agamben-alcuni-dati], accessed 6 May 2021.

[23] See, for example, Robert Booth and Caelainn Barr, "Black people four times more likely to die from COVID-19, ONS finds," *The Guardian* (Thu 7 May 2020). https://www.theguardian.com/world/2020/may/07/black-people-four-times-more-likely-to-die-from-covid-19-ons-finds, accessed 18 Sept 2020; Richard A. Oppel Jr., Robert Gebeloff, K.K. Rebecca Lai, Will Wright, and Mitch Smith, "The Fullest Look Yet at the Racial Inequity of Coronavirus," *The New York Times* (July 5, 2020), [https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html], accessed 18 Sept 2020; A collaboration, with reporting by: Robert Gebeloff, Danielle Ivory, Matt Richtel, Mitch Smith and Karen Yourish of *The New York Times*; Scott Dance of *The Baltimore Sun*; Jackie Fortiér and Elly Yu of KPCC/LAist; and Molly Parker of *The Southern Illinoisan*, "The Striking Racial Divide in How Covid-19 Has Hit Nursing Homes," *The New York Times* (Sept. 10, 2020) [https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html%20Sept%2018] accessed 19 Sept 2020; Gloria Oladipo, "'It's like they're waiting for us to die': why Covid-19 is battering Black Chicagoans," *The Guardian* (Fri 23 Oct 2020) [https://www.theguardian.com/us-news/2020/oct/23/covid-19-battering-black-chicagoans], accessed 28 Oct 2020.

[24] Tommy J. Curry, "Racist Democracies," *The Philosophers' Magazine* 90, 35-43 (2020), p. 41. Hereafter referenced parenthetically in the text.

[25] "We're All in the Same Boat Now" is the title of the first chapter of Slavoj Žižek's *Pandemic: COVID-19 Shakes the World* (New York: OR Books, 2020). Indubitably, not only the virus, but the conditions of lockdown make clear that we are in different boats; some people are restricted to cramped quarters, while others have a large living space; more important, while many people are easily able to work from home, others are not. Žižek's *Pandemic! 2: Chronicles of a Time Lost* (Cambridge: Polity, 2021) addresses global inequalities accentuated by the pandemic and is dedicated "to all those whose daily lives are so miserable that they ignore COVID-19, regarding it as a comparatively minor threat."

In one of the earliest books on COVID-19, *Pandemic Ethics*, Ben Bramble argues that "societal decisions, like the one between Open Up and Stay Locked Down, not only *reflect* the sort of people we are, but *affect* what sort of people we will become" (17).[26] Bramble makes this point in the context of Sweden's decision not to lock down,[27] but this is an important point as such. It *reveals* something about us if we are willing to risk the lives and discount the suffering of those most likely to get COVID-19: racialized and economically poor people, the elderly, and those with pre-existing conditions. More important, it will *affect* us as a society if we think it appropriate to discuss lockdown, isolation, and other COVID-19 related restrictions without underscoring the suffering that the disease potentially brings with it *and for whom*. In other words, if compassion and concern are not a key element of our discourse, if compassion for the economically weak and a concern for equality and justice do not figure in our response to COVID-19, we emerge from this pandemic even more indifferent, callous, and uncaring as a society than we already are.[28] We will have furthered racism and annealed the forces of neo-liberalism even if we see ourselves as opposing them—as Agamben undoubtedly does.

In addition to the physical and emotional suffering that COVID-19 inflicts on people and on those close to them—a suffering not adequately heeded in the response of someone like Agamben, in my view—is the suffering of health care professionals. A certain number of hospitals and care homes in almost every country reported a scarcity or even a complete lack of PPE (personal protective equipment). Staff put themselves at risk simply by treating patients; this was obviously anxiety inducing, especially for workers worried about infecting someone in their household. Moreover, during the early stages of COVID-19 in the Western world, as hospitals in Italy, Spain, France, the U.K. and New York choked with patients, exhausted medical staff were often forced to decide who would receive medical attention or even limited medical equipment. In northern Italy, doctors and nurses found themselves in the horrific position of having to triage: to select whom they would treat. In the Alsace area in France at the end of March, there were not enough ventilators and doctors there too were forced to triage.[29] Shortly afterwards, a doctor working in Paris and the surrounding area said that a "*logique du tri* [triage]" had set in: beds in the intensive care unit had to be reserved for those who had the most chance of survival. He added: Hospital staff found themselves in a situation for which they had little if any training or experience:

> Caregivers are not necessarily trained for having to triage in a context where we have the medical knowledge and technologies to treat many illnesses, but at the same time

[26] Ben Bramble, *Pandemic Ethics: 8 Big Questions of COVID-19* (Sydney: Bartelby Books, September 2020) [https://www.researchgate.net/publication/344172989_Pandemic_Ethics_8_Big_Questions_of_COVID-19.]

[27] Bramble quotes Johan Giesecke, chief advisor to Sweden's government: "People who will die a few months later are dying now. And that's taking months from their lives, so that's maybe not nice. But [compare] that to the effects of the lockdown" [https://youtu.be/bfN2JWifLCY], (ibid., p. 11).

[28] There are, of course, compelling arguments about the suffering induced by lockdown and other restrictions, especially the increase in domestic violence and child abuse. Unfortunately, these arguments are seldom made for their own sake; most often, they are tacked onto neo-liberal arguments about the importance of keeping the economy going.

[29] Audrey Fisné, "Santé. L'Allemagne alarmée par le triage des patients dans les hôpitaux alsaciens" *Courrier international* (26/03/2020). [https://www.courrierinternational.com/article/sante-lallemagne-alarmee-par-le-triage-des-patients-dans-les-hopitaux-alsaciens], accessed 28 May 2020.

> immediate resources have become very limited. Such a situation raises complex moral concerns for caregivers.[30]

Even without triage and the harrowing quandaries it produced, the situation was draining. One French doctor said he experienced an interconnecting chain of extended days to the point where he felt he would never be able to go home. He recounted that although they managed to avoid triage, the pressure never let up and it was exceedingly tough.[31]

In October of 2020, Clare Gerada, director of a British charity charged with reducing stigma and the high rate of suicide among doctors wrote:

> Doctors have an exaggerated sense of personal responsibility—when their patients are threatened, especially by a fast-spreading and frightening viral illness, they want to do everything within their power to help. This inevitably means working harder, putting in extra shifts or staying at work longer.[32]

In August 2020, before the second wave even hit, physicians and nurses in New York related how months after COVID-19 they were still contending with what they had experienced. They talked about how they had broken down and cried, had difficulty sleeping, and "the anxiety, the fear, the exhaustion" of what they had gone through; one talked about "the emotional scars [he] will have for the rest of [his] life."[33] Near the end of 2020, a British doctor said that the previous nine months had been the hardest of his career, and that he was less and less able to cope with the enormous pressure and stress, especially after 12-hour shifts.[34]

Even health care workers who were not forced to make wrenching decisions and did not have to work extra hours to the point of exhaustion, were deeply affected. One man working in a Brooklyn hospital, who referred to himself as "the cab driver," since it was normally his job to transport patients within the hospital, ended up having to move bodies into a freezer truck, generally about fifteen a day. He said that it was the hardest thing he ever had to do: "The first day that I went into that truck, I went home and cried for about two hours. My wife had to hold me."[35] In April 2021, during the third wave of COVID-19, a nurse in the Canadian province of

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[30] "Les soignants ne sont pas forcément formés à l'idée de faire le tri, dans le contexte où on a l'ingénierie, la capacité et les connaissances pour soigner certaines maladies. C'est une situation particulièrement douloureuse." Pierre Tremblay, "Coronavirus: pour ce médecin, la « logique de tri » est commencée en Île-de-France," *Huffpost* (28/03/2020) [https://www.huffingtonpost.fr/entry/jean-francois-corty-medecin-en-ile-de-france-on-est-dans-cette-logique-de-tri_fr_5e7e25b0c5b66149226666c3], accessed 28 May 2020.

[31] "…mais, c'est dur." Chloé Hecketsweiler et François Béguin, "Coronavirus : dans les hôpitaux d'Ile-de-France, la semaine la plus longue." *Le Monde* (5 avril 2020) [https://www.lemonde.fr/planete/article/2020/04/04/coronavirus-dans-les-hopitaux-d-ile-de-france-la-semaine-la-plus-longue_6035529_3244.html], accessed 7 April 2020.

[32] The biggest problem among doctors is exhaustion. Clare Gerada, "'Psychological PPE' is what Britain's health professionals urgently need now," *The Guardian* (Fri 16 Oct 2020). [https://www.theguardian.com/commentisfree/2020/oct/16/psychological-ppe-britain-health-professionals-COVID-medical-mental-face-masks], accessed 16 Oct 2020.

[33] "Sahan Hapangama, Louis Gelabert and Sarah Norris, "'The Wounds are Still Fresh'" (video), *The New York Times* (Aug 10, 2020) [https://www.nytimes.com/2020/08/10/opinion/coronavirus-doctors-nurses-healthcare.html?action=click&module=Opinion&pgtype=Homepage], accessed 16 Oct 2020.

[34] Sarah Marsh, "'I'm going back to carnage': a junior doctor on working under Covid," *The Guardian* (Tue 29 Dec 2020) [https://www.theguardian.com/world/2020/dec/29/im-going-back-to-carnage-a-junior-doctor-on-working-under-covid] accessed 29 Dec 2020.

[35] Victor J. Blue, Sheri Fink and Catrin Einhorn, "'Covid Will Not Win': Meet the Force Powering Brooklyn Hospital Centre," *The New York Times* (Sept 11, 2020).

British Columbia posted a photo of herself in tears after an "emotionally crushing shift" in a COVID-19 ward, saying she was "heartbroken and worn out.[36]

Without a doubt, many hospital staff will, or already do, suffer from COVID-19 induced PTSD. Health care workers were widely applauded for their work, and most people were appalled to learn about the paucity of PPE. We have not, however, sufficiently attended to their physical and emotional suffering.[37] Those who opposed or ignored restrictive measures were, in my view, ignoring or disregarding the hardship, suffering, and trauma of health care workers.[38]

Of course, human suffering is complex and composite. On Quodlibet.it, where Agamben posts his statements on COVID-19, he also posted an article by David Cayley that looks at the "current pandemic from the point of view of Ivan Illich" and discusses our transformed relationship to suffering.[39] Among other things, Cayley writes, Illich was concerned that historico-cultural abilities were replaced by a bio-medical system that erased a patient's uniqueness:

> These abilities include, above all, the willingness to suffer and bear one's own reality, and the capacity to die one's own death. The art of suffering was being overshadowed, [Illich] argued, by the expectation that all suffering can and should be immediately relieved – an attitude which doesn't, in fact, end suffering but rather renders it meaningless, making it merely an anomaly or technical miscarriage. And death, finally, was being transformed from an intimate, personal act – something each one can do – into a meaningless defeat – a mere cessation of treatment or "pulling the plug," as is sometimes heartlessly said. (ibid.)

While I hardly believe anyone should be left to suffer, I agree that "the expectation that all suffering can and should be immediately relieved" can have high costs. In the 1990s, doctors and pharmacists were encouraged to enjoin patients experiencing any degree of pain to take products such as OxyContin.[40] This contributed to, if it did not in fact create, the opioid crisis. It is also problematic if death is reduced to a "meaningless defeat." Both German and French Existentialism insist that death is a defining, ineluctable characteristic of being human. Heidegger refers to ontological anxiety and our "being-towards-death," characterizing death as

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[https://www.nytimes.com/2020/09/11/nyregion/coronavirus-brooklyn-hospital-workers.html], accessed 19 Sept 2020.

[36] "Nurse begs B.C. residents to take pandemic seriously after tear-filled night on COVID-19 unit." *CBC News* (April 21, 2021) https://www.cbc.ca/news/canada/british-columbia/bc-overwhelmed-nurse-pandemic-1.5995856], accessed 3 May 2021.

[37] Walter Mayr and Maria Stöhr, "Corona kam wie ein Tsunami über uns," *Der Spiegel* (10 March 2020) [https://www.spiegel.de/politik/ausland/coronavirus-in-italien-wie-ein-tsunami-a-634be2c3-3666-434e-be74-44c6452e3690], accessed 16 April 2020.

[38] Jennifer Lee, "Alberta health-care workers exhausted, traumatized as COVID-19 hospitalizations surge," *CBC News* (May 13, 2021), accessed 13 May 2021. [https://www.cbc.ca/news/canada/calgary/alberta-health-care-workers-exhausted-traumatized-1.6025163]

[39] David Cayley "Questions about the current pandemic from the point of view of Ivan Illich," *Quodlibet* (April 8, 2020) [https://www.quodlibet.it/david-cayley-questions-about-the-current-pandemic-from-the-point], accessed 18 April 2020. Hereafter referenced in the text.

[40] Art Van Zee, MD, "The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy." *American Journal of Public Health* 99.2 (2009): 221-227. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2622774/], accessed 14 December 2020.

"*ownmost, nonrelational, certain*" (italics in the original).[41] In other words, we must die our own death; no one can die our death for us. Further, death is not comparable to anything we have experienced; we cannot simply relate it to other deaths, even ones we have witnessed. Finally, death is certain. For all human beings, death is a looming, constitutive element of our lives.

Cayley's essay emphasizes Illich's concern about a world "totally convinced of its duty to manage every eventuality" (Cayley). Like Agamben, Cayley too opposed governmental lockdown. He argued, following Illich, that the bio-medical system undermines our individuality not only because we are made to adjust to it, but also—more deeply—because we adjust ourselves to it. In his view, we no longer grasp our health as something particular to us, but frequently understand it in statistical terms, through things such as risk profiles and probability curves. Cayley notes that in *Medical Nemesis* (later, *Limits to Medicine*), Illich recognized the accomplishments of medicine but at the same time argued that the medical establishment also posed a threat to health. Indeed, ten years later, Illich further updated his argument in light of his recognition that our self-understanding is generated by and through bio-medical systems, ultimately arguing, Cayley states, that "*health* becomes a god" (Cayley, italics in the original).

As with Agamben's concern about governments imposing states of exception, Cayley is justified in his concern that contemporary bio-medical concepts and practices tend to shape how we experience our health. But it seems to me that "health" has most clearly "become a god" when we downplay a pandemic *because it mainly kills elderly people and those with pre-existing conditions*—in other words, when we are willing to let suffer and even sacrifice those whom our bio-medical systems do not deem "healthy." During the initial spread of COVID-19, before the variants emerged, the fact that the virus predominately killed the old and those with underlying conditions was persistently and unabashedly presented as an *assuaging* factor. In his May 2nd, 2020 posting, Agamben states that medicine borrows concepts from biology, but renders them in a Manichean way: on the one side is disease, "a malign god or principle," and on the other, "a beneficent god or principle, which is not health, but recovery. . ."[42] Agamben's point is salient: health is less important for medicine than *recovery*. Indeed, I would argue that *the precept of "recovery" was a key factor in our attitude and response to COVID-19*. Old age is obviously not something from which one can "recover," and many underlying conditions are life-long—even if one can live a long life with them. I would suggest that the widespread downplaying, or even dismissal, of COVID-19 was partly linked to the fact that it was initially seen as killing mainly those who would not recover from what already was seen to "afflict" them: old age or underlying conditions.

A Form of Eugenics and "Vulnerability"

In "The Biopolitics of Immunity in Times of COVID-19: An Interview with Roberto Esposito," published on the 16th of June 2020, Esposito argues that those countries such as the U.K., the U.S., the Netherlands, and Sweden, which initially tried to follow a path of herd immunity, were choosing "a form of eugenics."[43] I do not think these words are too strong. While the policy of herd immunity was soon abandoned in most countries, with the possible

[41] Martin Heidegger, *Being and Time*. Trans. by Joan Stambaugh. Revised and with a forward by Denis J. Schmidt. (Albany: SUNY, 2010), p. 248.

[42] Giorgio Agamben, "Medicine as Religion" (Saturday, May 2, 2020). [https://itself.blog/2020/05/02/giorgio-agamben-medicine-as-religion], accessed 31 May 2020.

[43] Tim Christiaens and Stijn De Cauwer,"The Biopolitics of Immunity in Times of COVID-19: An Interview with Roberto Esposito," *Antipode Online* (16th June 2020) [https://antipodeonline.org/2020/06/16/interview-with-roberto-esposito] accessed 30 June 2020.

exception of Sweden, the willingness to sacrifice the elderly and those with underlying conditions—in other words, those who would not "recover"—continued. Such persons became precisely what Agamben refers to as "bare life" in *Homo Sacer*, *zoē* rather than *bios*, lives that can be exposed to death.[44]

While Sweden did not institute lockdown in the manner of most other countries, including other Nordic countries, it denied that it was seeking herd immunity, although many believe this was the unacknowledged agenda,[45] and an article in *The Lancet* on December 22nd, 2020 refers to "a de-facto herd-immunity approach."[46] Swedish health officers insisted, however, that their response to COVID-19 involved a long-term plan: that COVID-19 is a marathon not a sprint. But in the short term, Sweden was willing to let suffer and sacrifice its elderly: during the first wave, many people in care homes were *not* taken to hospitals or even administered oxygen, including those who were no more than sixty-five years old.[47] A Swedish consultant in anesthetics and intensive care said "he believes 'a lot of lives' could have been saved if more patients had been able to access hospital treatment, or if care home workers were given increased responsibilities to administer oxygen themselves, instead of waiting for specialist COVID-19 response teams or paramedics" (ibid.). In Stockholm, after just a few months of COVID-19 (by the end of July 2020), 7% of care home residents had died.[48]

It is worth noting that not only are the elderly frequently regarded as dispensable, but those with underlying conditions are sometimes assumed to have lives less worth living. In *Pandemic Ethics*, Bramble writes the following about COVID-19 also killing young people: "And while many younger people who die from COVID-19 have pre-existing conditions, by no means all do, and not all of these conditions substantially reduce life expectancy or *quality of life*." (11, my italics). Bramble believes it important to point out that some "healthy" young people die of COVID-19 too and that some of the younger people who die because of pre-existing conditions would *not* have had a *substantially reduced* quality of life. It seems presumptuous, however, to link a person's quality of life to their pre-existing conditions. At the fitness center at my university, I occasionally hear extremely fit people talking about what they do when they are not at the gym (spoiler: it does not involve opening a book), and I cannot help but feel sad about their reduced quality of life. I am only being slightly facetious here. The point I am making is that it is deeply problematic to presume a self-evident connection between physical health and "quality of life."

Let me make two final points not unrelated to the elderly and those with pre-existing conditions. Both concern vulnerability. First, it is somewhat misleading to refer to certain persons as "vulnerable" to COVID-19, just as it is incorrect to refer to racialized people and the

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[44] Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*. Trans. Daniel Heller-Roazen. (Stanford: Stanford UP, 1998).

[45] Gretchen Vogel, "'It's been so, so surreal.' Critics of Sweden's lax pandemic policies face fierce backlash," ScienceMag.org (Oct 6, 2020). [https://www.sciencemag.org/news/2020/10/it-s-been-so-so-surreal-critics-sweden-s-lax-pandemic-policies-face-fierce-backlash], accessed 14 Dec 2020.

[46] Mariam Claeson and Stefan Hanson, "COVID-19 and the Swedish enigma," *The Lancet* (December 22, 2020) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32750-1/fulltext], accessed 28 Dec 2020.

[47] Maddy Savage, "Coronavirus: What's going wrong in Sweden's care homes?," *BBC News* (19 May 2020). [https://www.bbc.com/news/world-europe-52704836], accessed 30 May 2020.

[48] Marta Szebehely, "New country report: The COVID-19 Long-Term Care situation in Sweden," *International Long-Term Care Policy Network* (July 23, 2020), [https://ltcCOVID.org/2020/07/23/new-country-report-the-COVID-19-long-term-care-situation-in-sweden/], accessed 16 Aug 2020. The 7% figure is also referred to in Vogel's article; see note 45 above.

economically poor as "disproportionately vulnerable." They are not vulnerable; they have been *made* vulnerable. Factory farming and wet markets encourage viruses and can be their source. Industrial agriculture, soil erosion, rainforest destruction, deforestation, marine pollution, and the decrease in biodiversity have created conditions that encourage the emergence of new viruses. As Michael Eng writes: "the ongoing catastrophe named the Anthropocene has played a major role in fomenting the enabling conditions of the current global pandemic and in the making-vulnerable of those who inhabit what has come to be called the Global South . . ."[49] We in the Global North have both *made* those in the Global South more vulnerable to climate change and created conditions that foster new viruses. Moreover, we make it difficult for the Global South to obtain vaccines and to reduce the spread of pandemics in other ways. Simply put, we should stop talking about countries in the Global South as *being* more vulnerable to pandemics, just as we should probably stop talking about elderly persons and persons with underlying conditions as *being* more vulnerable to COVID-19. Instead, we should refer to those whom we have *rendered* vulnerable. In *Negative Dialectics*, Adorno criticizes any and all rationalization of the "smallest trace of senseless suffering," writing: "'While there is a beggar, there is a myth,' as [Walter] Benjamin put it."[50] One could say that while there is someone in the world senselessly suffering from COVID-19, there is myth. Viruses are too often depicted as something that "happens," like a meteorite hitting the earth, rather than something we may help hatch through the ways in which we interact with our environment and with non-human animals, and which our social practices and politics further.

Second, we need to think more about the difficulty we have with the very notion of vulnerability. At the beginning of this article I discussed my own denial. I realized that I may have wished not to face the fact of inadequacies in long term care homes. But a further reason I may have been in denial about the possibility (likelihood?) of COVID-19 decimating care homes was a resistance to thinking about vulnerability. As Kimberly Lamm notes, vulnerability "is something that is difficult to think about and easy to deny."[51] She also notes that vulnerability is frequently feminized, "most readily associated with female bodies."[52] Historically and theoretically, furthermore, conceptions of "the feminine" have been associated with weakness, dependence, and instability. Not wanting to find ourselves in the traditionally disparaged "feminine" position may have been a factor in our response to this pandemic. Acknowledging COVID-19's seriousness, including by physical distancing and wearing masks, may have made us feel vulnerable and weak. Recognizing that, for those of us in North America, something that originated on the other side of the globe could disrupt our lives may have undermined our sense of independence and security. And the fact that we *could infect others* even though we felt fine, perhaps even felt great, may have undermined our experiential sense of self. Indeed, this may have contributed to the resistance to grasping asymptomatic transmission. All of this is only speculation, of course. But I do believe it is helpful for us to think about the gendered inscription of vulnerability and how such inscriptions may have inflected our responses to COVID-19, to

[49] Michael Eng, unpublished paper presented at a PACT meeting on "COVID, Race, and the Making-Vulnerable of Populations" (28 August 2020).
[50] Theodor Adorno, *Negative Dialectics*, trans. E. B. Ashton (New York: Continuum, 1973), p. 203.
[51] Kimberly Lamm, unpublished paper presented at a PACT meeting on "Resilience and Renewal" (26 June 2020).
[52] Ibid., p. 2. Lamm makes the further important point that care of the vulnerable is feminized and racialized: "In the world of work, vulnerability is linked to the hierarchies of gender and race upon which reproductive labor relies, which is one way of saying that it is women, people of color, and particularly women of color doing the very hard, hands on affectively dense, and now even more risky work of taking care of vulnerable people. The care vulnerability requires is feminized and linked to exposure, passivity, and even disposability" (ibid., p. 2).

reflect upon what Lamm refers to as "the dense, often hard to decipher feelings to which vulnerability gives rise" (ibid. p. 1).

Suffering and vulnerability are inextricable from climate change. Most glaring is the ever-increasing number of climate refugees. If our thinking is not impelled by a concern with unnecessary suffering, however, with what Adorno and Benjamin refer to as myth, we are more readily going to look away from the destructive force of climate change—even as we believe it exceedingly important to "take action." Above all, it is the Global North that needs to change its behavior, while it is the Global South that is being most affected, and people there who are suffering the most—not that the two hemispheres do not constitute one planet. Ignoring or simply not paying attention to this suffering delays actions and cloaks the acuteness of the situation. Moreover, if we have difficulty contending with vulnerability, especially our own, we are going to keep talking about the importance of "preserving" the planet for future generations instead of acknowledging that we have long rendered ourselves deeply vulnerable to the ravages of climate change.

Conclusion

As the vaccine was distributed and things began to return to what was considered normal, it became evident that the COVID-19 upheaval had changed little socially, politically and ecologically. If anything, national and global inequalities became more pronounced, with Amazon and the tech giants having further expanded their empire and power while many small businesses foundered or collapsed completely, and poorer countries were made more at the mercy of the wealthy countries. Without a doubt, the COVID-19 pandemic highlighted our global interdependence, both in terms of global capitalism and with regards to the astonishing speed with which the virus and its variants made their way around the world. But this interdependence is something of which we should already have been aware. COVID-19 also underlined the importance of science and—as theories of COVID-19 contagion and transmission were modified—its ever-evolving nature. But this is also something we should have known. The pandemic did not "shake up the world," as many had hoped. Nevertheless, as I have tried to show, there is much that our *responses* to COVID-19 can teach us.

Moreover, what we can learn from responses to this pandemic can be exceedingly informative in relation to climate change. The climate has been changing for some time; this change is no longer new, but it is a new kind of crisis. It is something we need to respond to and grapple with in a new way. It seems to me that our responses to COVID-19 have underlined the following: we need to be cognizant of our tendency for denial, to contend with our inclination to see ourselves as exceptions, and to find a way to represent imperceptible heroism. Above all, we should attend to and concern ourselves with suffering and vulnerability. As the spread of COVID-19 recedes, we may be inclined to try to put this pandemic behind us. Instead, I would suggest, we should reflect upon how our responses to the pandemic can be insightful and informative for responses to climate change—for which there is no vaccine.